



PTO/SB/21 (04-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/922,549	
	Filing Date	August 3, 2001	
	First Named Inventor	Jeffrey C. Rapp	
	Art Unit	1636	
	Examiner Name	Gerald G. Leffers Jr.	
Total Number of Pages in This Submission	35	Attorney Docket Number	AVI-013

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Rec. Coversheet & Assignment 2. Dec. and Power of Attorney 3. Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kyle Yesland
Signature	
Date	November 1, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kyle Yesland		
Signature		Date	November 1, 2004

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Docket No. 231726US0
IN RE APPLICATION OF: Kenichi MATSUNAGA
SERIAL NO: 10/319,589
FILED: December 16, 2002
FOR: HAIR DYE COMPOSITION



JPW
1751
8

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

SIR:

Transmitted herewith is an Amendment and Request for Reconsideration in the above-identified application.

- ☐ No additional fee is required
- ☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 is claimed.
- ☒ Additional documents filed herewith: Information Disclosure Statement
Form PTO 1449
Cited References (8)
Statement of Relevancy

The Fee has been calculated as shown below:

CLAIMS	CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY PAID	NO. EXTRA CLAIMS	RATE	CALCULATIONS
TOTAL	21	MINUS	20	1	x \$18 =	\$18.00
INDEPENDENT	2	MINUS	3	0	x \$88 =	\$0.00
		<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS			+ \$300 =	\$0.00
		TOTAL OF ABOVE CALCULATIONS				\$18.00
		<input type="checkbox"/> Reduction by 50% for filing by Small Entity				\$0.00
		<input type="checkbox"/> Recordation of Assignment			+ \$40 =	\$0.00
		TOTAL				\$18.00

- ☐ A check in the amount of **\$0.00** is attached.
- ☒ Credit card payment form is attached to cover the fees in the amount of **\$198.00**
- ☒ Please charge any additional Fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
- ☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

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